

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

[illegible]

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Byrdstown WTP P.O. Box 325 Byrdstown, TN 37549		Entry Time/Date ~10:30am 12/12/11	Permit Effective Date August 27, 2010
		Exit Time/Date ~12:30pm 12/12/11	Permit Expiration Date June 30, 2015
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Buster Harmon- Operator		Other Facility Data (e.g., SIC NAICS, and other descriptive information) Water Plant with microfiltration	
<div> <div>Phone: (615)864-3859</div> <div>Fax:</div> </div>		Backwash water to lagoon system *Lagoons are leaking	
Name, Address of Responsible Official/Title/Phone and Fax Number Mayor Chris Thompson P.O. Box 325 Byrdstown, TN 3738549		The discharge to Dale Hollow Reservoir	
<div> <div> <div>Contacted</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Phone: (615)864-6215</div> <div>Fax: (615)699-2199</div> </div> </div>			



Section C: Areas Evaluated During Inspection (*Check only those areas evaluated*)

<input checked="" type="checkbox"/>	Permit	<input checked="" type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input checked="" type="checkbox"/>	Records/Reports	<input type="checkbox"/>	Compliance Schedules	<input type="checkbox"/>	Pollution Prevention		
<input checked="" type="checkbox"/>	Facility Site Review	<input checked="" type="checkbox"/>	Laboratory	<input type="checkbox"/>	Storm Water		
<input checked="" type="checkbox"/>	Effluent/Receiving Waters	<input checked="" type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input checked="" type="checkbox"/>	Flow Measurement	<input checked="" type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description	*See Attached Letter		Rating Codes
			Action Outcomes	
<input type="text"/>		*Permit & Records	No NOV	Satisfactory
<input type="text"/>		*Facility Site Review	No NOV	Satisfactory
<input type="text"/>		*Effluent/Rec. Waters	No NOV	Satisfactory
<input type="text"/>		*Flow Measurement	No NOV	Satisfactory
<input type="text"/>		*Self Monitoring	No NOV	Satisfactory
<input type="text"/>		*Laboratory	No NOV	Satisfactory
<input type="text"/>		*Operations & Maintenance	Under Review	Marginal
<input type="text"/>				

Name(s) and Signature(s) of Inspector(s) Brian Mayo  Brian.Mayo@tn.gov	Agency/Office/Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931-432-4015 (office)/931-432-6952 (fax)	Date December 20, 2011
Signature of Management Q A Reviewer Oakley Hall  Oakley.Hall@tn.gov	Agency/Office/Phone and Fax Numbers Tennessee Division of Water Pollution Control Cookeville Environmental Field Office 931-432-4015 (office)/931-432-6952 (fax)	Date December 20, 2011